



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
 PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
 EUGENE I. GESSOW, DIRECTOR

INFORMATIONAL LETTER NO. 800

May 1, 2009

TO: Individual Consumer Directed Attendant Care Providers
ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise
RE: Individual CDAC Annual Provider Training 2009

The Iowa Medicaid Enterprise (IME) would like to invite all Iowa Medicaid providers to the Annual Provider Training 2009. This year, we will offer a session specifically for Individual CDAC providers. The topics for this session include the new Daily Service Record, CDAC Agreement, and the Claim for Targeted Medical Care.

Below is a summary of the dates and locations of the CDAC trainings. All CDAC training sessions are scheduled from 1pm – 3 pm. Please use the attached form to reserve your seat for this training. **Seating is limited; therefore the IME needs all providers who are planning to attend a session to let us know exactly what day they will be attending.**

Dates	City	Location	Additional Info
5/18	Council Bluffs	Iowa Western Community College	Looft Hall Auditorium
6/1	Ottumwa	Indian Hills Community College	Bennett Hall, Room 100
6/8	Bettendorf	Scott Community College (See training schedule above)	Belmont Road Campus Student Life Center, Room 2300 Use door 5 or 6
6/15	Fort Dodge	Iowa Central Community College	Career Education Bldg YMCA Entrance Rooms 108-110
6/29	Cedar Rapids	Kirkwood Community College	Continuing Education Center 7725 Kirkwood BLVD SW (Corner of 76 th & Kirkwood Blvd)
7/27	Waterloo	Hawkeye Community College	Tama Hall, Room 107A
8/10	Sioux City	Western Iowa Tech Community College	Parking lot 4, Entrance 14, Auditorium Room D103
8/24	Des Moines	Wallace Building	Auditorium, 502 East 9 th St. Parking garage to the west

Iowa Medicaid Enterprise

Annual Provider Training 2009

Registration Form

Provider Name: _____

Provider Number: _____

Phone Number: (____) _____

Email Address: _____

<u>Date</u>	<u>Location</u>	<u>Name of Session</u>	<u>Time</u>	<u>Number of Attendees</u>

Please plan on attending your selection; we will only contact you if we are not able to accommodate your request.

Please return this registration form to:

Iowa Medicaid Enterprise
Attn: Provider Services
PO Box 36450
Des Moines, IA 50315

- or -

515-725-1155 (Fax)

- or -

imeproviderservices@dhs.state.ia.us

For questions please contact Provider Services:
800-338-7909 or 515-725-1004 local to Des Moines